

Amendments to the Specification:

Please replace the paragraph beginning on page 2, line 33, with the following rewritten paragraph:

B, One alternative to traditional coronary artery bypass surgery is balloon angioplasty. In balloon angioplasty, a flexible guide catheter is percutaneously inserted into a peripheral artery (e.g., the femoral artery) and is transluminally advanced through the vasculature until the distal tip of the catheter is within the ostium of an obstructed coronary artery. Thereafter, a balloon catheter is passed through the guide catheter and into the obstructive lesion. The balloon of the catheter is inflated one or more times to dilate the coronary artery in the region of the obstructive lesion. These balloon angioplasty procedures tend to be less expensive and less traumatic than traditional coronary artery bypass surgery. However, balloon angioplasty procedures of this type may be associated with a significant incidence of restenosis at the angioplasty site. The cause and mechanism of such restenosis continues to be the subject of ongoing study. However, such restenosis has generally been attributed to either a) an increase in the mass of the artery wall (e.g., neointima formation), b) a thickening of the artery wall without substantial change ~~it's~~ its mass (e.g., vascular remodeling) and/or c) radial contraction of the balloon-dilated artery wall upon healing of cracks and fissures that have been created by the balloon dilation process.

Please replace the paragraph beginning on page 8, line 32, with the following rewritten paragraph:

B2 Although the advent of these endoscopic "minimal access" surgical procedures may have ~~advantageous~~ advantages over traditional open surgical techniques insofar as they may minimize the size of the surgical incision, and accordingly, may lead to less post-operative surgical discomfort, such endoscopic procedures are often limited to procedures within accessible body lumens or cavities which may be filled with clear liquid or insufflated

^{can}
B2 with a gas to provide an open area within which to place the operative endoscope(s) and instrument(s).

Please replace the paragraph beginning on page 25, line 3, with the following rewritten paragraph:

B3 In some instances the extravascular passageway(s) 10 will be used for bypassing an obstructed, injured or disease-affected segment of an artery. In some embodiments of the invention, only a primary blood flow passageway (e.g., a passageway from the artery upstream of the obstruction) will be formed between an obstructed, injured or disease-affected artery (or another unimpaired artery or a blood-filled anatomical structure such as a chamber of the heart), and a vein, thereby permitting arterial blood to flow in the retrograde direction through the vein, so as to ~~retroprofuse~~ retroperfuse tissues through the venous vasculature. In other embodiments of the invention, one or more secondary blood flow passageway will also be formed between the obstructed artery and the vein, downstream of the obstruction, such that arterial blood which has entered the lumen of the vein through the primary blood flow (passageway(s) may subsequently enter or re-enter the lumen of the artery, downstream of the obstruction, thereby perfusing tissues through the remaining (e.g., unobstructed) portion of the obstructed artery.
